$_{B201B\;(Form\;2}\text{Case}_{\cancel{P2}\cancel{P3}}\text{8-07870}$

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Document Page 1 of 43 United States Bankruptcy Court

Northern District of Illinois, Eastern Division

| IN RE: | Casa Na | |
|---|--|---|
| IN RE: | Case No | |
| Verschave, Michael Gary & Verschave, Allyson Ann | Chapter <u>1</u> : | 3 |
| Debtor(s) | | |
| CERTIFICATION OF NO | TICE TO CONSUMER DEBTOR(S | 5) |
| UNDER § 342(b) OF | THE BANKRUPTCY CODE | |
| Certificate of [Non-Attor | ney] Bankruptcy Petition Preparer | |
| I, the [non-attorney] bankruptcy petition preparer signing the onotice, as required by § 342(b) of the Bankruptcy Code. | lebtor's petition, hereby certify that I deliv | rered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Prepare: Address: | petition prep the Social Se principal, res | ity number (If the bankruptcy parer is not an individual, state ecurity number of the officer, sponsible person, or partner of cy petition preparer.) |
| X | | y 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of officer, principal partner whose Social Security number is provided above. | , responsible person, or | |
| Certific | ate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have received and reac | I the attached notice, as required by § 3420 | (b) of the Bankruptcy Code. |
| Verschave, Michael Gary & Verschave, Allyson Ann | X /s/ Michael Gary Verschave | 3/19/2018 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Case No. (if known)

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

X /s/ Allyson Ann Verschave

Signature of Joint Debtor (if any)

3/19/2018

Date

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| IN RE: | Case No | |
|--|------------|---|
| Verschave, Michael Gary & Verschave, Allyson Ann | Chapter 13 | |
| Debtor(s) | <u> </u> | Τ |

VERIFICATION OF CREDITOR MATRIX

| Num | ber of Creditors | 13 |
|--|-----------------------|----|
| The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best o | f my (our) knowledge. | |
| | | |

/s/ Michael Gary Verschave

Debtor

/s/ Allyson Ann Verschave Joint Debtor

Date: March 19, 2018

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Verschave, Michael Gary 11412 S Maplewood Ave Chicago, IL 60655-1423

Document Discover Financial Page 3 of 43 PO Box 3025 New Albany, OH 43054-3025

Verschave, Allyson Ann 11412 S Maplewood Ave Chicago, IL 60655-1423

Kohls/Capital One **Kohls Credit** PO Box 3043 Milwaukee, WI 53201-3043

M. Hedayat & Associates, P.C. 1211 W Lakeview Ct Romeoville, IL 60446-6501

Synchrony Bank/Care Credit Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Bank of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012 Wells Fargo Bank Attn: Bankruptcy PO Box 94435

Albuquerque, NM 87199-4435

Carmax Auto Finance Attn: Bankruptcy Department PO Box 440609 Kennesaw, GA 30160-9511

Wells Fargo Bank PO Box 10438 Des Moines, IA 50306-0438

Chase Card Services Attn: Correspondence Dept Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701-4747

PO Box 15298 Wilmington, DE 19850-5298

Citicards Cbna **Citicorp Credit Svc/Centralized Bankrupt** PO Box 790040 Saint Louis, MO 63179-0040

Comenity Bank/Carsons PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Victoria Secret Attn: Bankruptcy PO Box 182125 Columbus, OH 43218-2125

Dept of Ed/582/NeInet Attn: Claims/Bankruptcy PO Box 82505 Lincoln, NE 68501-2505

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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: | Identify Yourself | | |
|-----|---|--|---|--|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your pictu exan licen Bring iden | e the name that is on a government-issued ure identification (for apple, your driver's ase or passport). g your picture tification to your meeting the trustee. | Michael First name Gary Middle name Verschave Last name and Suffix (Sr., Jr., II, III) | Allyson First name Ann Middle name Verschave Last name and Suffix (Sr., Jr., II, III) |
| 2. | All c | other names you have d in the last 8 years ude your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number | xxx-xx-6022 | xxx-xx-0553 |

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Debtor 1 Debtor 2

Verschave, Michael Gary & Verschave, Allyson Ann

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|---|---|---|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 11412 S Maplewood Ave Chicago, IL 60655-1423 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Debtor 1 Debtor 2

Verschave, Michael Gary & Verschave, Allyson Ann

Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | | | | | | |
|------------|---|--------|----------------------------------|--|---------------------------------------|---|--|--|
| | Ū | ☐ Cha | • | | | | | |
| | | ☐ Cha | • | | | | | |
| | | _ | apter 12 | | | | | |
| | | ■ Cha | apter 13 | | | | | |
| 8. | How you will pay the fee | _ a | bout how yo | u may pay. Typica ey is submitting yo | ally, if you are paying the fee yours | with the clerk's office in your local court for more details elf, you may pay with cash, cashier's check, or money of torney may pay with a credit card or check with a | | |
| | | | | | | sign and attach the Application for Individuals to Pay T | | |
| | | | Ü | <i>Installments</i> (Offici I t mv fee be waiv | , | only if you are filing for Chapter 7. By law, a judge may, b | | |
| | | r y | ot required to rour family si | o, waive your fee, ze and you are un | and may do so only if your income | e is less than 150% of the official poverty line that applies. If you choose this option, you must fill out the <i>Applicati</i> | | |
|) . | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 0 . | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by | ■ No | | | | | | |
| | an affiliate? | | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | |
| | Toolaonoo . | ☐ Yes. | Has yo | our landlord obtair | ned an eviction judgment against | you? | | |
| | | | | No. Go to line 12 | 2. | | | |
| | | | | | | | | |

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| Debtor | 1 | |
|--------|---|--|
| Debtor | 2 | |

Verschave, Michael Gary & Verschave, Allyson Ann

Case number (if known)

| Part | Report About Any Bus | sinesses Y | ou Own | as a Sole Proprieto | г | | |
|--|---|-------------------------|--|--------------------------------------|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of busi | ness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Numb | er, Street, City, State | e & ZIP Code | | |
| | to this petition. | | Checi | k the appropriate box | to describe your business: | | |
| | | | | Health Care Busine | ess (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real I | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operations | re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ns, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chap | ter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | iling under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | A: Report if You Own or | Have Anv | Hazardo | us Property or Any | Property That Needs Immediate Attention | | |
| | Do you own or have any | | i iazai uo | us i Toperty of Ally | Property That Needs ininiediate Attention | | |
| 14. | property that poses or is | No. | | | | | |
| alleged to pose a threat of imminent and identifiable hazard to public health or | | eat of □ Yes. able \ | What is | the hazard? | | | |
| | safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | , | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Debtor 2

Verschave, Michael Gary & Verschave, Allyson Ann

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| | otor 1 otor 2 Verschave, Micha | el Gary | Docume & Verschave, Allyson An | J | f 43 Case numbe | 「 (if known) | |
|-----|--|--------------------|---|-----------------------------------|--|--|--|
| Par | t 6: Answer These Questi | ons for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily co | | | ed in 11 U.S.C.§ 101(8) as "incurred by an | |
| | | | ☐ No. Go to line 16b. | • | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily but for a business or investment of | | | at you incurred to obtain money vestment. | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you ow | ve that are not consume | r debts or business d | lebts | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter | 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses are paid that funds will be | | □ No | | | | |
| | available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 | |
| | you estimate that you owe? | 50-99 | | □ 5001-10,000 □ 10,001-25,00 | | ☐ 50,001-100,000 ☐ More than100,000 | |
| | | ☐ 100-1 ☐ 200-9 | | 10,001-25,00 | JO | in wore than 100,000 | |
| 19. | How much do you | □ \$0 - \$ | | □ \$1,000,001 - | | □ \$500,000,001 - \$1 billion | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 □ \$50.000.001 | | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 □ \$100,000,00 | * | ☐ \$10,000,000,001 - \$30 billion | |
| 20. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 - | | □ \$500,000,001 - \$1 billion | |
| | estimate your liabilities to be? | _ ` ' | 001 - \$100,000 | | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 □ \$100,000,00 | | ☐ \$10,000,000,001 - \$50 billion | |
| Par | t 7: Sign Below | | | | | | |
| For | you | I have ex | amined this petition, and I decla | are under penalty of perj | ury that the information | on provided is true and correct. | |
| | | | chosen to file under Chapter 7 ode. I understand the relief avai | | | under Chapter 7, 11,12, or 13 of title 11, Unite oceed under Chapter 7. | |
| | | | rney represents me and I did no ained and read the notice requir | | | attorney to help me fill out this document, I | |
| | | I reques | relief in accordance with the c | chapter of title 11, Unite | d States Code, spec | ified in this petition. | |
| | | case car | | | | operty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571. Verschave | |
| | | Michae | el Gary Verschave e of Debtor 1 | | Allyson Ann Ve Signature of Debtor | rschave | |

Executed on March 19, 2018 MM / DD / YYYY

Executed on March 19, 2018 MM / DD / YYYY

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Debtor 1 Debtor 2

Verschave, Michael Gary & Verschave, Allyson Ann

Bar number & State

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mazyar M. Hedayat | Date | March 19, 2018 |
|--|---------------|----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| | | |
| Mazyar M. Hedayat | | |
| Printed name | | |
| M. Hedayat & Associates, P.C. | | |
| Firm name | | |
| | | |
| 1211 W Lakeview Ct | | |
| Romeoville, IL 60446-6501 | | |
| Number, Street, City, State & ZIP Code | | |
| (000) 070 0000 | | |
| Contact phone (630) 378-2200 | Email address | mhedayat@mha-law.com |
| 6226806 | | |

| C | ase 18-07870 | DOCI | | 1ment | Page 11 of 43 | 18 13.30.2 | <i>i</i> Des | SC Main |
|--|--|---|-----------------|--|---|------------------------------|---------------------------|---|
| Fill in this infor | mation to identify yo | ur case and this | | 11111111 | | | | |
| Debtor 1 | Michael Gary | Verschave Middle | Name | | Last Name | | | |
| Debtor 2 | Allyson Ann V | | | | 2451.14.110 | | | |
| (Spouse, if filing) | First Name | Middle | Name | | Last Name | | | |
| United States Ba | ankruptcy Court for the | e: NORTHERI | N DISTR | RICT OF ILLIN | IOIS, EASTERN DIVISION | ١ | | |
| Case number _ | | | | | - | | | ☐ Check if this is an amended filing |
| Schedu n each category, s hink it fits best. E | Be as complete and acc | ribe items. List a urate as possible | . If two m | narried people | n asset fits in more than one are filing together, both are | equally responsi | ble for sup | plying correct |
| Answer every que | stion. | · | | | top of any additional pages n or Have an Interest In | , write your name | and case | number (if known). |
| □ No. Go to Pa ■ Yes. Where | | | What i | is the property | ? Check all that apply | | | |
| | Maplewood Ave s, if available, or other descrip | otion | | Single-family h Duplex or mult Condominium | nome i-unit building | the amount of | any secured | ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> . |
| Chicago | IL (| 60655-1423 | | Manufactured Land | or mobile home | Current value entire propert | | Current value of the portion you own? |
| City | State | ZIP Code | | Investment pro | pperty | \$231 , | 100.00 | \$231,000.00 |
| | | | | Other | in the property? Check one | | simple, tena if known. | our ownership interest ancy by the entireties, or |
| County | | | ■ □ Other | Debtor 1 and Debto | the debtors and another bu wish to add about this ite | (see instruc | | munity property |
| | | | | | om Part 1, including any | | es | \$231,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Debt Debt | or 1 | ase 18-07870 Doc | Document Page 12 of 43 | 18 13:30:27 De | esc Main |
|--------------|---------------------------------|---|--|--|---|
| | | rucks, tractors, sport utility v | <u> </u> | | |
| | | ruono, truotoro, oport utility v | emoios, motoroyales | | |
| | | | | | |
| | Yes | | | | |
| 0.4 | Malaa | GMC | Who has an interest in the manualty 2 of | Do not deduct secured of | claims or exemptions. Put |
| 3.1 | Make: | Acadia AWD | Who has an interest in the property? Check one Debtor 1 only | the amount of any secur | red claims on Schedule D: |
| | Model: Year: | 2012 | Debtor 2 only | Creditors who have Cla | aims Secured by Property. |
| | | ate mileage: 67801 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other info | | ☐ At least one of the debtors and another | chare property: | portion you own: |
| | Kelly BI | lue Book Value | | | |
| | of 2012 67,801 | GMC Acadi | Check if this is community property (see instructions) | \$8,293.00 | \$8,293.00 |
| 3.2 | Make: | GMC | Who has an interest in the property? Check one | | claims or exemptions. Put red claims on <i>Schedule D:</i> |
| | Model: | Sierra 1500 2WD | Debtor 1 only | | aims Secured by Property. |
| | Year: | 2006 | Debtor 2 only | Current value of the | Current value of the |
| | | ate mileage: 87109 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other info | mation: MC Sierra with 87,109 | ☐ At least one of the debtors and another | | |
| | miles | WC Sierra With 67,109 | ☐ Check if this is community property | \$3,230.00 | \$3,230.00 |
| | Kelley E | Blue Book Value | (see instructions) | | |
| | Yes | | | | |
| | | | vn for all of your entries from Part 2, including any output of the comments o | | \$11,523.00 |
| Part 3 | B: Describe | e Your Personal and Household | Items | | |
| | | | nterest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | oods and furnishings lajor appliances, furniture, linens | , china, kitchenware | | |
| | 103. D030 | | oods and Furnishings | | |
| | | | | | \$500.00 |
| 7. Ele | ectronics | | V | | \$500.00 |
| E: | • | | eo, stereo, and digital equipment; computers, printers, so | canners; music collections | |
| | x <i>ampl</i> es: Te ir | elevisions and radios; audio, vide | eo, stereo, and digital equipment; computers, printers, so | canners; music collections | |
| | <i>xampl</i> es: Te ir No | elevisions and radios; audio, vide ncluding cell phones, cameras, cribe | eo, stereo, and digital equipment; computers, printers, so | canners; music collections | |

Entered 03/19/18 13:30:27 Case 18-07870 Doc 1 Filed 03/19/18 Desc Main Page 13 of 43 Document Debtor 1 Verschave, Michael Gary & Verschave, Allyson Ann Case number (if known) Debtor 2 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe..... Clothing for a family of 4 \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No ■ Yes. Describe..... Wedding Rings \$500.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for \$1,750.00 Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on hand \$100.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

Institution name: ■ Yes.....

Chase Bank Checking Account ending in

Checking Account

\$590.02

Checking Account Beverly Bank Account ending in 1216 17.2.

\$399.71

| De | ebtor 1 | Case 18 | 3-07870 | Doc 1 | Filed 03 Docui | | Entere Page 14 | | .8 13:30:27 | Desc Main | |
|-----|---------------|--|-----------------|---------------------------|----------------------------------|--------------------------------|------------------------------------|--------------------------------|---------------------------|---|---|
| | ebtor 2 | Verschave | e, Michael (| Gary & Ver | schave, Al | lyson Anı | n | Case | number (if known) | | _ |
| 18. | | , mutual funds bles: Bond fund | | | | irms, money | y market acco | unts | | | |
| | ■ No □ Yes | | l | nstitution or is | ssuer name: | | | | | | |
| 19. | • | ublicly traded enture | stock and in | terests in inc | corporated a | nd unincor | porated bus | inesses, inclu | uding an interest | in an LLC, partnership, and | |
| | _ | Give specific | | bout them e of entity: | | | | % o | f ownership: | | |
| 20. | Negoti | nment and col able instrument egotiable instru | its include per | sonal checks, | cashiers' ch | ecks, promi | ssory notes, a | and money orde | ers. | | |
| | ☐ Yes. | Give specific in | _ | out them er name: | | | | | | | |
| 21. | Examp No | | n IRA, ERISA | | (k), 403(b), t | hrift savings | s accounts, or | other pension | n or profit-sharing | plans | |
| | ■ Yes. | List each acco | Type of | account: ment Acco | unt | | | ners Pensio Chicago | n and | \$65,980.70 | 0 |
| 22. | Your s | ty deposits and the deposits and the deposits and the deposit and the deposits and the deposit and the depo | sed deposits y | ou have made | e so that you ent, public uti | may continu lities (electri | ue service or u ic, gas, water) | se from a com , telecommuni | pany cations companie: | s, or others | |
| | ☐ Yes. | | | | | Institution n | name or indivi | dual: | | | |
| | ■ No | ies (A contract | | | | either for life | e or for a num | ber of years) | | | |
| | ☐ Yes | | | and description | | ARI E prog | ıram or unda | or a qualified | state tuition prog | aram | |
| 24. | | C. §§ 530(b)(1 | | | i a quaiiileu | ABLE prog | rain, or unde | er a quaimeu | state tuition proj | grann. | |
| | ☐ Yes | | Institution na | me and descr | iption. Separ | ately file the | records of an | y interests.11 | U.S.C. § 521(c): | | |
| | ■ No | • | | | ty (other tha | ın anything | listed in line | e 1), and right | s or powers exe | rcisable for your benefit | |
| | | Give specific | | | | | | | | | |
| 26. | | s, copyrights, oles: Internet do | , | | , | | | eements | | | |
| | ☐ Yes. | Give specific | information a | bout them | | | | | | | |
| 27. | | es, franchises ples: Building p | | • | _ | ssociation h | oldings, liquor | r licenses, prof | essional licenses | | |
| | | Give specific | information a | bout them | | | | | | | |
| M | oney or | property owe | d to you? | | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | |

Official Form 106A/B Schedule A/B: Property page 4

Entered 03/19/18 13:30:27 Case 18-07870 Doc 1 Filed 03/19/18 Desc Main Page 15 of 43 Document Debtor 1 Verschave, Michael Gary & Verschave, Allyson Ann Case number (if known) Debtor 2 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No \square Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim........ 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$67,070.43 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

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| Debtor 1 | Document | Paye 10 01 43 | |
|----------|--|------------------------|--|
| Debtor 2 | Verschave, Michael Gary & Verschave, Allyson Ann | Case number (if known) | |
| | | | |

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

| Par | List the Totals of Each Part of this Form | | | |
|-----|--|-------------|------------------------------|--------------|
| 55. | Part 1: Total real estate, line 2 | | | \$231,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$11,523.00 | | _ |
| 57. | Part 3: Total personal and household items, line 15 | \$1,750.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$67,070.43 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$80,343.43 | Copy personal property total | \$80,343.43 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$311,343.43 |

Official Form 106A/B Schedule A/B: Property page 6

| | Cas | e 18-07870 Doc 1 | | | Entered 03/19/18 13:30 | :27 [| Desc Main |
|-------------------------|--|---|--|--------|---|------------|------------------------------------|
| Fil | I in this informa | tion to identify your case: | Document | | Page 17 of 43 | | |
| | ebtor 1 | Michael Gary Verschar | ve | | | | |
| | | First Name | Middle Name | L | _ast Name | } | |
| | ebtor 2 | First Name | Middle Nose | | ant Name | | |
| (Sp | oouse if, filing) | First Name | Middle Name | L | Last Name | | |
| Un | nited States Bank | ruptcy Court for the: NOF | RTHERN DISTRICT OF | ILLIN | OIS, EASTERN DIVISION | [| |
| Ca | ase number | | | | | } | |
| | known) | | | | | | Check if this is an amended filing |
| \bigcirc | fficial For | m 106C | | | | | ű |
| | | | mts / Value Cla | | aa Evament | | |
| <u>></u> | cneaule | C: The Prope | rty You Cla | ım | as Exempt | | 4/16 |
| oro _l out | perty you listed or | n Schedule A/B: Property(Off | ficial Form 106A/B) as yo | ur sou | r, both are equally responsible for suppurce, list the property that you claim as ary. On the top of any additional pages | exempt. It | f more space is needed, fill |
| fun to a app | ds—may be unl a particular dolla blicable statutor | imited in dollar amount. Ho ar amount and the value of t | wever, if you claim an e the property is determin | exem | s, rights to receive certain benefits ption of 100% of fair market value u o exceed that amount, your exempt | nder a la | w that limits the exemption |
| 1. | Which set of e | xemptions are you claiming | ? Check one only, even | if you | ır spouse is filing with you. | | |
| | You are clain | ning state and federal nonbank | kruptcy exemptions. 11 l | U.S.C | 5. § 522(b)(3) | | |
| | ☐ You are clain | ning federal exemptions. 11 L | J.S.C. § 522(b)(2) | | | | |
| 2. | For any prope | rty you list on Schedule A/E | ∃ that you claim as exer | mpt, f | ill in the information below. | | |
| | | n of the property and line on at lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific I | aws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| De | ebtor 1 Exemp | ntions | Scriedule A/D | | | | |
| | - | | \$231,000.00 | | \$30,000.00 | 735 ILC | S 5/12-901 |
| | 11412 S Map Chicago IL, (| lewood Ave | | _ | | | |
| | Line from Sche | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | GMC | | \$8,293.00 | | \$5,750.29 | 735 ILC | S 5/12-1001(b) |
| | Acadia AWD 2012 | | | | | | |
| | 67801 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Line from Sche | dule A/B: 3.1 | | | approad diatatory mine | | |
| | GMC | | | | | 735 II C | S 5/12-1001(c) |
| | Assalia AMD | | \$8,293.00 | | \$2,542.71 | 1 33 ILC | JO 3/12-1001(C) |

Acadia AWD

Line from Schedule A/B: 3.1

Line from Schedule A/B: 3.2

Sierra 1500 2WD

2012

67801

GMC

2006

87109

\$3,230.00

100% of fair market value, up to

100% of fair market value, up to any applicable statutory limit

\$2,257.29

any applicable statutory limit

735 ILCS 5/12-1001(c)

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| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|----|---|--------------------------------------|--------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Household Goods and Furnishings Line from Schedule A/B 6.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| | Line Irom Schedule A/B. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Electronics , Cell Phones , Computer , Television | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothing for a family of 4 Line from Schedule A/B 11.1 | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) |
| | Line non deficulte A/Z 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash on hand Line from Schedule A/B 16.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| | Line nom schedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Chase Bank Checking Account ending in 8606 | \$590.02 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Beverly Bank Account ending in | \$399.71 | | \$399.71 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption or (Subject to adjustment on 4/01/19 and every 3 y | | | I on or after the date of adjustment.) | |
| | ■ No | | | | |
| | ☐ Yes. Did you acquire the property covered | by the exemption within | า 1,21 | 5 days before you filed this case? | |
| | □ No | | | | |

☐ Yes

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| | | | | | | _ | | |
|---------------------|---|---|--|----------------|---|-------------|------------------------|--------|
| Fill | l in this informa | ation to identify your case: | | | | | | |
| De | btor 1 | | | | | | | |
| | | First Name | Middle Name | L | ast Name | } | | |
| | btor 2 ouse if, filing) | Allyson Ann Verschav | /e Middle Name | | _ast Name | | | |
| (Зр | ouse II, IIIIIIg) | | | | | | | |
| Uni | ited States Banl | kruptcy Court for the: NOI | RTHERN DISTRICT OF | ILLIN | OIS, EASTERN DIVISION | | | |
| Ca | se number | | | | | | | |
| (if kı | nown) | | | | | | | |
| | | | | | | _ | amended filing | |
| Of | fficial For | m 106C | | | | | | |
| | | | rty Vou Cla | im | ac Evampt | | | |
| <u> </u> | Jiedule | C: The Prope | erty You Cia | Ш | as exempt | | 4 | I/16 |
| propout a | perty you listed o | n Schedule A/B: Property (Of | ficial Form 106A/B) as yo | ur sou | r, both are equally responsible for sup urce, list the property that you claim as ary. On the top of any additional pages | exempt. If | more space is needed | , fill |
| fund to a app | ds—may be un particular doll licable statutor rt 1: Identify | limited in dollar amount. Ho ar amount and the value of | wever, if you claim and the property is determine Exempt | exem ned to | s, rights to receive certain benefits ption of 100% of fair market value to exceed that amount, your exemp | ınder a lav | that limits the exem | ption |
| ١. | _ | | - | - | | | | |
| | ■ You are clair | ming state and federal nonban | kruptcy exemptions. 11 | U.S.C | 5. § 522(b)(3) | | | |
| | ☐ You are clair | ming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | |
| 2. | For any prope | erty you list on Schedule A/l | B that you claim as exe | mpt, f | ill in the information below. | | | |
| | | n of the property and line on nat lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific la | ws that allow exemptio | n |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | |
| <u>De</u> | btor 2 Exem | <u>ptions</u> | | | | | | |
| | Brief descriptio Line from Sche | | | | | | | |
| | Zino nom come | Addie 7 V D. | | | 100% of fair market value, up to any applicable statutory limit | | | |
| 3. | | ing a homestead exemption | | | dan an attantha data of a Postar at N | | | |
| | (Subject to adju | ustment on 4/01/19 and every | s years after that for case | s tiled | d on or after the date of adjustment.) | | | |
| | | ou occuire the | ad by the over-time of the | . 1 01 | E dove before you filed this see : 0 | | | |
| | ☐ Yes. Did y | | ea by the exemption within | n 1,21 | 5 days before you filed this case? | | | |
| | ☐ No | | | | | | | |

Case 18-07870 Doc 1 Filed 03/19/18 Entered 03/19/18 13:30:27 Desc Main Page 20 of 43 Document Fill in this information to identify your case: Debtor 1 Michael Gary Verschave Middle Name Last Name Debtor 2 Allyson Ann Verschave Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column C Column A Column B 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor 's name. Do not deduct the that supports this portion value of collateral. claim If any 2.1 | Carmax Auto Finance Describe the property that secures the claim: \$15,167.00 \$8,293.00 \$6,874.00 Creditor's Name 2012 GMC Acadia AWD Attn: Bankruptcy Kelly Blue Book Value of 2012 Department **GMC Acadi 67,801** PO Box 440609 As of the date you file, the claim is: Check all that Kennesaw, GA ☐ Contingent 30160-9511 Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or secured car loan) ■ Debtor 2 only

| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | ☐ Statutory lien (such as tax lien, mechanic's lien) other ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | | | |
|---|--|--------------|--------------|-------|--|--|
| At least one of the debtors and another Check if this claim relates to a community debt Other (including a right to offset) | | | | | | |
| 2.2 Wells Fargo Hm Mortgag | Describe the property that secures the claim: | \$193,223.00 | \$231,100.00 | \$0.0 | | |
| Creditor's Name | | | | | | |
| Frederick, MD | apply. | | | | | |
| Number, Street, City, State & Zip Code | _ : | | | | | |
| Who owes the debt? Check one. | • | | | | | |
| _ ′ | | red | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| ☐ Check if this claim relates to a | _ | | | | | |
| Date debt was incurred 2012-09 | Last 4 digits of account number 5715 | | | | | |

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| Debtor 1 | Michael Gar | y Verschave | | Case number (f know) | |
|------------|--------------------|------------------------------|---------------------------------|----------------------|--|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Allyson Ann | Nerschave | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | |
| Add the de | ollar value of you | r entries in Column A on thi | s page. Write that number here: | \$208,390.00 | |
| | e last page of yo | ur form, add the dollar valu | e totals from all pages. | \$208,390.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | Ouse 10 01 | 070 200 | Document | Page 22 | 2 of 43 | 10.00.27 | o mani |
|--|--|----------------------------------|--|---------------------------------|---|---|--|
| Fill in thi | s information to ide | ntify your case | | | | | |
| Debtor 1 | Michael | Gary Versch | nave | | | | |
| | First Name | <u> </u> | Middle Name | Last Name | | } | |
| Debtor 2 | | Ann Versch | | | | | |
| (Spouse if, f | iling) First Name | | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Cou | rt for the: No | ORTHERN DISTRICT OF ILLI | NOIS, EAST | ERN DIVISION | | |
| Case nun | nber | | | | | | |
| (if known) | · | | | | | - | heck if this is an |
| | | | | | | a | mended filing |
| Official | Form 106E/F | | | | | | |
| | | - | Have Unsecured | Claims | | | 12/15 |
| | | | rt 1 for creditors with PRIORITY | | art 2 for creditors v | vith NONPRIORITY claim | |
| Schedule (D: Creditor the Continu | G: Executory Contracts s Who Have Claims Se | and Unexpired cured by Proper | could result in a claim. Also lis Leases (Official Form 106G). Do ty. If more space is needed, cop o information to report in a Part, | not include a by the Part yo | ny creditors with p u need, fill it out, n | artially secured claims tumber the entries in the | hat are listed in Schedule boxes on the left. Attach |
| Part 1: | List All of Your PR | IORITY Unsecu | ured Claims | | | | |
| 1. Do an | y creditors have priori | ty unsecured cla | ims against you? | | | | |
| ■ No | . Go to Part 2. | | | | | | |
| ☐ Ye | S. | | | | | | |
| Part 2: | List All of Your NO | NPRIORITY Ur | nsecured Claims | | | | |
| 3. Do an | y creditors have nonpi | riority unsecured | l claims against you? | | | | |
| □ No | . You have nothing to re | port in this part. S | Submit this form to the court with yo | our other sche | dules. | | |
| ■ Ye | s. | | | | | | |
| unsec | ured claim, list the credit | or separately for | in the alphabetical order of the each claim. For each claim listed, i e other creditors in Part 3.If you ha | dentify what ty | pe of claim it is. Do | not list claims already incl | uded in Part 1. If more |
| | | | | | | | Total claim |
| | Bank of America | | Last 4 digits of acco | unt number | 8225 | | \$7,786.00 |
| | lonpriority Creditor's Nar IC4-105-03-14 | ne | When was the debt i | ncurred? | 2008-09 | | |
| | PO Box 26012 | | When was the debt i | ilcuireu : | 2000-09 | | • |
| | Greensboro, NC 2 | 7420-6012 | | | | | |
| N | lumber Street City State | ZIp Code | As of the date you fi | le, the claim i | s: Check all that app | bly | |
| _ | Vho incurred the debt? | Check one. | | | | | |
| L | Debtor 1 only | | ☐ Contingent | | | | |
| | Debtor 2 only | | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 | 2 only | ☐ Disputed | | | | |
| | At least one of the del | otors and another | _ | TY unsecured | l claim: | | |
| | Check if this claim is | for a communi | ty Student loans | | | | |
| | ebt s the claim subject to o | iffcot? | Obligations arising report as priority claim | | ration agreement or | divorce that you did not | |
| _ | _ | moet! | Debts to pension of | | a plane and other of | milar debte | |
| | ■ No | | · | • | | IIIIIAI UEDIS | |
| L | Yes | | Other. Specify | kevolving a | account | | _ |

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| Chase Card Services | Last 4 digits of account number | 0240 | \$1,438.0 |
|--|-------------------------------------|---|------------|
| Nonpriority Creditor's Name Attn: Correspondence Dept PO Box 15298 | When was the debt incurred? | 2005-05 | |
| Wilmington, DE 19850-5298 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Revolving | account | |
| Citicards Cbna | Last 4 digits of account number | 6986 | \$10,129.0 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2007 09 | |
| Citicorp Credit Svc/Centralized Bankrupt | when was the dept incurred? | 2007-08 | |
| PO Box 790040 | | | |
| Saint Louis, MO 63179-0040 | _ | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | • | |
| Yes | Other. Specify Revolving | account | |
| Citicards Cbna | Last 4 digits of account number | 9644 | \$7,217.0 |
| Nonpriority Creditor's Name Citicorp Credit Svc/Centralized | When was the debt incurred? | 2015-10 | |
| Bankrupt | Then was the dept mounted? | 2013-10 | |
| PO Box 790040 | | | |
| Saint Louis, MO 63179-0040 | _ | | |
| Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | Other Specify Revolving | account | |

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Debtor 1 Verschave, Michael Gary & Verschave, Allyson Ann Case number (if know) Debtor 2 4.5 Last 4 digits of account number \$5,321.00 Citicards Cbna 0868 Nonpriority Creditor's Name Citicorp Credit Svc/Centralized When was the debt incurred? 2004-02 **Bankrupt** PO Box 790040 Saint Louis, MO 63179-0040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other, Specify Revolving account 4.6 Comenity Bank/Carsons Last 4 digits of account number 1192 \$792.00 Nonpriority Creditor's Name When was the debt incurred? 2006-05 PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes 4.7 Comenity Bank/Victoria Secret Last 4 digits of account number 6815 \$236.00 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 2017-06 PO Box 182125 Columbus, OH 43218-2125 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Revolving account

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Debtor 1 Verschave, Michael Gary & Verschave, Allyson Ann Case number (if know) Debtor 2 4.8 Dept of Ed/582/Nelnet Last 4 digits of account number 4555 \$17,282.00 Nonpriority Creditor's Name Attn: Claims/Bankruptcy When was the debt incurred? 2016-09 PO Box 82505 Lincoln, NE 68501-2505 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Student Loan Obligation ☐ Yes 4.9 Dept of Ed/582/Nelnet Last 4 digits of account number \$3,688.00 4455 Nonpriority Creditor's Name Attn: Claims/Bankruptcy When was the debt incurred? 2016-09 PO Box 82505 Lincoln, NE 68501-2505 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Student Loan Obligation Other. Specify 4.10 Dept of Ed/582/Nelnet Last 4 digits of account number 1923 \$3,002.00 Nonpriority Creditor's Name Attn: Claims/Bankruptcy When was the debt incurred? 2016-08 PO Box 82505 Lincoln, NE 68501-2505 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Student Loan Obligation ☐ Yes

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| 4.11 | Dept of Ed/582/NeInet | Last 4 digits of account number | 2023 | \$1,515.00 | | | | |
|------|--|--|--|-------------|--|--|--|--|
| 4.11 | Nonpriority Creditor's Name | | | \$1,515.00 | | | | |
| | Attn: Claims/Bankruptcy PO Box 82505 | When was the debt incurred? | 2016-08 | | | | | |
| | Lincoln, NE 68501-2505 | nber Street City State Zlp Code As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | no or the date you me, the claim | C. Chook an that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharin | • • | | | | | |
| | Yes | Other. Specify Student Lo | an Obligation | | | | | |
| 4.12 | Discover Financial Nonpriority Creditor's Name | Last 4 digits of account number | 0674 | \$14,954.00 | | | | |
| | , | When was the debt incurred? | 2014-08 | | | | | |
| | PO Box 3025 | | | | | | | |
| | New Albany, OH 43054-3025 Number Street City State Zlp Code | As of the date you file, the claim | s. Chack all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | 5. Спеск ан так арру | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | - | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | _ ` | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | | |
| | | ☐ Student loans | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Revolving | account | | | | | |
| 4.13 | Discover Financial | Last 4 digits of account number | 3781 | \$6,050.00 | | | | |
| | Nonpriority Creditor's Name | | | ψο,σοσ.σο | | | | |
| | PO Box 3025 | When was the debt incurred? | 2014-06 | | | | | |
| | New Albany, OH 43054-3025 Number Street City State Zlp Code | As of the date you file, the claim | is: Chack all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | 5. Спеск ан так арру | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | | |
| | _ | Student loans | | | | | | |
| | ☐ Check if this claim is for a community debt | Dobligations arising out of a separation agreement or divorce that you did not | | | | | | |
| | Is the claim subject to offset? | report as priority claims | and the second of diverse that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Revolving | account | | | | | |

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| | | | _ |
|---|--|--|--------------------|
| Kohls/Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 2663 | \$2,909. |
| Kohls Credit | When was the debt incurred? | 2005-09 | |
| PO Box 3043 | | | |
| Milwaukee, WI 53201-3043 Number Street City State Zlp Code | As of the date you file, the claim | e. Chock all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | 5. Опеск ан так арру | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Revolving | account | |
| National Collegiate Tr | Last 4 digits of account number | 0043 | \$3,466. |
| Nonpriority Creditor's Name | When was the debt incurred? | 2004-10 | + 0,100 |
| Number Street City State Zlp Code | As of the date you file, the claim | se Check all that anniv | |
| Who incurred the debt? Check one. | As of the date you me, the claim | S. Official that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Student Lo | an Debt | |
| Synchrony Bank/Care Credit Nonpriority Creditor's Name | Last 4 digits of account number | 3446 | \$4,164. |
| Attn: Bankruptcy PO Box 965060 | When was the debt incurred? | 2012-12 | |
| Orlando, FL 32896-5060 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| | I I Obligations arising out of a sena | ration agreement or divorce that you did not | |
| debt Is the claim subject to offset? | report as priority claims | | |
| | | · | |

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| | Fargo Bank | Last 4 digits of account number | 0001 | | \$6,581.00 |
|---|---|---|--------------------------|--|--------------------------|
| Attn: | ority Creditor's Name Bankruptcy ox 94435 | When was the debt incurred? | 2015 | i-05 | |
| Albuc | querque, NM 87199-443 | 5 | | | |
| Number Street City State Zlp Code | | As of the date you file, the claim | is: Check | call that apply | |
| _ | curred the debt? Check one. | | | | |
| | tor 1 only | ☐ Contingent | | | |
| □ Deb | otor 2 only | ☐ Unliquidated | | | |
| Deb | tor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At le | east one of the debtors and anot | | ed claim: | | |
| ☐ Che | eck if this claim is for a comm | unity | | | |
| debt Is the c | laim subject to offset? | ☐ Obligations arising out of a sep report as priority claims | aration ag | greement or divorce that you did not | |
| ■ No | | Debts to pension or profit-shar | ng plans, | and other similar debts | |
| ☐ Yes | | Other. Specify Installmen | t acco | unt | |
| Nelle | Fargo Bank | Last 4 digits of account number | 2933 | 1 | \$955.00 |
| Vonprio | ority Creditor's Name | When was the debt incurred? | 2016 | | ψ333.00 |
| PO B | ox 10438 | | | · · | |
| | Moines, IA 50306-0438 | | | | |
| | r Street City State ZIp Code | As of the date you file, the claim | is: Check | call that apply | |
| _ | curred the debt? Check one. | _ | | | |
| Debtor 1 only | | Contingent | | | |
| ■ Deb | tor 2 only | Unliquidated | | | |
| | tor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At le | east one of the debtors and anot | | ed claim: | | |
| | eck if this claim is for a comm | | | | |
| debt | laim subject to offset? | | aration ag | preement or divorce that you did not | |
| ■ No | nami subject to onset: | Debts to pension or profit-shari | na plane | and other similar debts | |
| ■ No | | Other. Specify Revolving | | | |
| | | — Other. Specify | | ··· | |
| | | ut a Debt That You Already Listed | vou alree | dy lieted in Borte 1 or 2. For example | o if a collection agency |
| ng to co | llect from you for a debt you o | notified about your bankruptcy, for a debt that owe to someone else, list the original creditor in lebts that you listed in Parts 1 or 2, list the add | Parts 1 | or 2, then list the collection agency | here. Similarly, if you |
| | | fill out or submit this page. | | | monar persons to 20 |
| | , | | | | |
| d for an | the Amounts for Each Typ | | enortina | purposes only, 28 U.S.C. \$159. Add | the amounts for each |
| Add the amo | the Amounts for Each Typ | pe of Unsecured Claim sured claims. This information is for statistical | eporting | | the amounts for each |
| d for an Add he amo | I the Amounts for Each Typunts of certain types of unsecured claim. | ured claims. This information is for statistical | | Total Claim | the amounts for each |
| Add he amo | I the Amounts for Each Typunts of certain types of unsec | ured claims. This information is for statistical | reporting 6a. | | the amounts for each |
| Add | I the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of | ured claims. This information is for statistical | | Total Claim | the amounts for each |
| Add he amo f unsections | the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of 6b. Taxes and certain of 6c. Claims for death or p | ured claims. This information is for statistical oligations her debts you owe the government personal injury while you were intoxicated | 6a. 6b. 6c. | Total Claim \$ 0.00 | the amounts for each |
| Add ne amo unsections | the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of 6b. Taxes and certain of 6c. Claims for death or p | ured claims. This information is for statistical bligations her debts you owe the government | 6a. 6b. | Total Claim \$ 0.00 | the amounts for each |
| Add he amo f unsections | the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of 6b. Taxes and certain of 6c. Claims for death or p | bured claims. This information is for statistical bligations ther debts you owe the government bersonal injury while you were intoxicated triority unsecured claims. Write that amount here. | 6a. 6b. 6c. | * O.00 \$ 0.00 \$ 0.00 | the amounts for each |
| Add the amo f unsect | the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of 6b. Taxes and certain of 6c. Claims for death or p 6d. Other. Add all other p | bured claims. This information is for statistical bligations ther debts you owe the government bersonal injury while you were intoxicated triority unsecured claims. Write that amount here. | 6a. 6b. 6c. 6d. | Total Claim \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 | the amounts for each |
| Add the amo f unsect | the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of 6b. Taxes and certain of 6c. Claims for death or p 6d. Other. Add all other p | bured claims. This information is for statistical bligations ther debts you owe the government bersonal injury while you were intoxicated triority unsecured claims. Write that amount here. | 6a. 6b. 6c. 6d. | Total Claim \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 Total Claim | the amounts for each |
| Add Add the amo f unsections aims art 1 | I the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of 6b. Taxes and certain of 6c. Claims for death or p 6d. Other. Add all other p | bured claims. This information is for statistical bligations ther debts you owe the government bersonal injury while you were intoxicated triority unsecured claims. Write that amount here. | 6a. 6b. 6c. 6d. | Total Claim \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 | the amounts for each |
| Add the amo | the Amounts for Each Typunts of certain types of unsecured claim. 6a. Domestic support of 6b. Taxes and certain of 6c. Claims for death or p6d. Other. Add all other p6e. Total Priority. Add line | bligations her debts you owe the government personal injury while you were intoxicated priority unsecured claims. Write that amount here. less 6a through 6d. | 6a. 6b. 6c. 6d. | Total Claim \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 Total Claim | the amounts for each |

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Debtor 1
Debtor 2
Verschave, Michael Gary & Verschave, Allyson Ann
Case number (f know)

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.
6j. \$ 97,485.00

Official Form 106 E/F

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| | | DOGUIDE | III Paue 50 01 45 | |
|---------------------|--------------------------|-------------------|---------------------------|------|
| Fill in this inform | mation to identify your | case: | | |
| Debtor 1 | Michael Gary Ver | rschave | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Allyson Ann Vers | schave | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVI | SION |
| Case number _ | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with | whom you have the , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|----|-----------|----------------|--|---------------------|---|
| .1 | | Name, Number | , Street, City, State and Zir | Code | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| .2 | Name | | | | <u> </u> |
| | | | | | |
| | Number | Street | | | |
| .3 | City | | State | ZIP Code | _ |
| .3 | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| .4 | Name | | | | <u> </u> |
| | | | | | |
| | Number | Street | | | |
| _ | City | | State | ZIP Code | |
| .5 | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |

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| | | Docume | ent Page 31 o | f 43 | |
|---------------------------------|--|---|-----------------------------|---|--------------------------------|
| Fill in this in | formation to identify your | case: | | | |
| Debtor 1 | Michael Gary Ve | schave | | | |
| 5 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Allyson Ann Vers | schave Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERI | N DIVISION | |
| Case numbe | r | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Official I | Form 106H | | | | |
| Schedu | le H: Your Cod | ebtors | | | 12/15 |
| | | | | | 12,10 |
| and number t case number | the entries in the boxes on (if known). Answer every o | the left. Attach the Addit question. | ional Page to this page. | re space is needed, copy the Ac On the top of any Additional Pa | |
| 1. Do yo | u have any codebtors? (If y | ou are filing a joint case, do | o not list either spouse as | a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | n the last 8 years, have you a, Idaho, Louisiana, Nevada, | | | ? (Community property states and d Wisconsin.) | d territories include Arizona, |
| ■ No. G | o to line 3. | | | | |
| _ | Did your spouse, former spou | se, or legal equivalent live w | rith you at the time? | | |
| | | | • | | |
| line 2 ag | ain as a codebtor only if the chedule E/F (Official Form | at person is a guarantor | or cosigner. Make sure | your spouse is filing with you. you have listed the creditor on e Schedule D, Schedule E/F, or \$ | Schedule D (Official Form |
| | olumn 1: Your codebtor | | | Column 2: The creditor to w | |
| Nar | me, Number, Street, City, State and Z | IP Code | | Check all schedules that app | ly: |
| 3.1 | | | | ☐ Schedule D, line | |
| Na | me | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| Nu Cit | mber Street | State | ZIP Code | _ | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | me | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | mber Street | | | _ | |
| Cit | у | State | ZIP Code | | |

| T-HII | i. 41.i. i.e.f | | | | | | | | |
|-------------|--|------------------------------|-------------------------------|--------------|---------|------------------------|------------|----------------------------------|------------|
| | in this information to identify your cabtor 1 Michael Gary | | | | | | | | |
| | btor 2 Allyson Ann | | | | _ | | | | |
| 1 | buse, if filing) | verscriave | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, EA | STERN | _ | | | | |
| | se number | | | | | Check if this is: | | | |
| (lf kr | nown) | | | | | ☐ An amende | - | g owing postpetition | chaptor 12 |
| | | | | | | | | following date: | спартег тэ |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | YYY | _ | |
| S | chedule I: Your Inco | me | | | | | | | 12/15 |
| spo atta | plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O The company of th | spouse is not filing with | n you, do not inclu | de informa | ition | about your spou | se. If | more space is ne | eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or no | on-filing spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | ■ Emple | ■ Employed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | ☐ Not e | ☐ Not employed | | | |
| | employers. | Occupation | | | | Teache | r | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Windy City Th | underbol | ts | Chicag | o Pu | blic Schools | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 14011 Kenton Crestwood, IL | | 252 | 42 W M Chicag | | on St 60602-4309 | |
| | | How long employed th | ere? 14 yea | ars | | <u>1</u> | 2 ye | ars and 6 mon | ths |
| Pai | rt 2: Give Details About Mon | thly Income | | | | | | | |
| | mate monthly income as of the dates you are separated. | te you file this form. If yo | ou have nothing to re | port for any | / line | , write \$0 in the spa | ace. In | nclude your non-fili | ng spouse |
| , | u or your non-filing spouse have more ce, attach a separate sheet to this form | . , , | oine the information f | or all emplo | yers | for that person on | the lin | nes below. If you ne | eed more |
| | | | | | | For Debtor 1 | | r Debtor 2 or n-filing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 3,584.72 | \$_ | 8,301.42 | - |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | - |
| 4. | Calculate gross Income. Add line | e 2 + line 3. | | 4. | \$ | 3,584.72 | 9 | 8,301.42 | |

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| Deb | tor 2 | Verschave, Michael Gary & Verschave, Allyson Ann | _ | Case | number (if known) | | | |
|-----|--|--|---|----------------------------|--|----------------------------|---|----------|
| | Cop | by line 4 here | 4. | For | Debtor 1 3,584.72 | For Debtor non-filing s | | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5a. 5b. 5c. 5d. 5e. 5f. 5g. | \$ \$ \$ \$ \$ \$ \$ \$ \$ | 849.42 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ | ,405.03 0.00 0.00 0.00 488.00 0.00 108.46 0.00 | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | * — \$ | 849.42 | | ,001.49 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,735.30 | | ,299.93 | |
| 8. | List 8a. 8b. 8c. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent | 8a. 8b. | \$ \$ | 0.00 | \$ \$ | 0.00 | |
| | oc. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8e. 8f. | \$ \$ | 0.00 | \$ \$ | 0.00 | |
| | 8g. | Pension or retirement income | — _{8g.} | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 |] |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 2,735.30 + \$_ | 6,299.93 | = \$ | 9,035.23 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available: | ependen | , , | , | | +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The resulter that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | \$\$ | 9,035.23 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form? No. Yes Explain: | ? | | | | Combine monthly | |

Official Form 106I Schedule I: Your Income

page 2

| | in this informer | tion to identify | ır ogga | | | 1 | | |
|------|----------------------------|---|------------------|--|-----------------------|-------------|--|--|
| FIII | in this informa | tion to identify you | ır case: | | | | | |
| Deb | otor 1 | Michael Gary | Versch | ave | | | eck if this is: | |
| | otor 2 ouse, if filing) | Allyson Ann | Verscha | ve | | | An amended filing A supplement show expenses as of the | ving postpetition chapter 13 following date: |
| Unit | ted States Bankı | ruptcy Court for the: | | IERN DISTRICT OF ILLIN RN DIVISION | OIS, | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | orm 106J | | | | J | | |
| S | chedule | J: Your E | Expen | ses | | | | 12/1: |
| info | ormation. If m | ore space is need wer every question ribe Your Househ | ded, attac n. | f two married people are h another sheet to this fo | | | | supplying correct ur name and case numbe |
| | ☐ No. Go to | | | | | | | |
| | ■ Yes. Doe | s Debtor 2 live in | a separa | te household? | | | | |
| | ■ N □ Y | | t file Officia | al Form 106J-2, <i>Expenses</i> a | for Separate Househ | noldof Debt | or 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Daughter | | 5 | □ No ■ Yes |
| | | | | | Son | | _ 2 | □ No ■ Yes |
| | | | | | | | | □ No □ Yes □ No |
| 3. | expenses of | oenses include f people other tha d your dependen | an \square | No Yes | | | | Yes |
| Par | t 2: Estim | nate Your Ongoin | g Monthly | / Expenses ptcy filing date unless yo | ou are using this for | rm as a su | nnlement in a Chan | ter 13 case to report |
| exp | | | | is filed. If this is a supple | | | | |
| val | • | sistance and hav | _ | overnment assistance if dit on Schedule I: Your I | • | | Your exp | enses |
| 4. | | or home ownersh and any rent for the | | ses for your residence. In ot. | clude first mortgage | 4. | \$ | 1,836.16 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | erty, homeowner's, | or renter's | insurance | | 4a. 4b. | · | 0.00 0.00 |
| | | maintenance, rep | | | | 4c. | . — | 150.00 |
| | 4d. Home | owner's association | n or cond | ominium dues | | 4d. | | 0.00 |
| 5. | Additional r | nortgage paymer | nts for yo | ur residence, such as hon | ne equity loans | 5. | \$ | 0.00 |

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| Debtor 1 , Debtor 2 _ | Verschave, Michael Gary & Verschave, Allyson Ann | Case num | ber (if known) | |
|------------------------------|--|----------|----------------|----------------------------|
| S. Utilitie | s: | | | |
| 6a. l | Electricity, heat, natural gas | 6a. | \$ | 350.00 |
| 6b. \ | Water, sewer, garbage collection | 6b. | \$ | 100.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 350.00 |
| 6d. (| Other. Specify: | 6d. | \$ | 0.00 |
| . Food a | and housekeeping supplies | 7. | \$ | 1,000.00 |
| . Childc | are and children's education costs | 8. | \$ | 1,332.00 |
| . Clothii | ng, laundry, and dry cleaning | 9. | \$ | 150.00 |
| O. Persor | nal care products and services | 10. | \$ | 150.00 |
| 1. Medica | al and dental expenses | 11. | \$ | 100.00 |
| | portation. Include gas, maintenance, bus or train fare. include car payments. | 12. | \$ | 250.00 |
| 3. Enterta | ainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 125.00 |
| . Charita | able contributions and religious donations | 14. | \$ | 0.00 |
| 5. Insura | nce. | | | |
| | include insurance deducted from your pay or included in lines 4 or 20. | | • | |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | | 0.00 |
| | Vehicle insurance | 15c. | \$ | 170.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| Specify | | 16. | \$ | 0.00 |
| | ment or lease payments: | 47- | Φ. | 470.07 |
| | Car payments for Vehicle 1 | 17a. | · | 479.37 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report ted from your pay on line 5, Schedule I, Your Income (Official Form 106 | | \$ | 0.00 |
| | payments you make to support others who do not live with you. | 1). | \$ | 0.00 |
| Specify | | 19. | <u> </u> | 0.00 |
| | real property expenses not included in lines 4 or 5 of this form or on Sc | | r Income. | |
| | Mortgages on other property | 20a. | | 0.00 |
| 20b. I | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. I | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. I | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Other: | Specify: | 21. | +\$ | 0.00 |
| Coloud | ote very mentally evinence | | | |
| | ate your monthly expenses dd lines 4 through 21. | | \$ | 6 540 50 |
| | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J | -2 | | 6,542.53 |
| | | | \$ | |
| 22c. Ad | dd line 22a and 22b. The result is your monthly expenses. | | \$ | 6,542.53 |
| . Calcul | ate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 9,035.23 |
| 23b. (| Copy your monthly expenses from line 22c above. | 23b. | -\$ | 6,542.53 |
| | | | | |
| | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 2,492.70 |
| 4. Do yo u For exa | u expect an increase or decrease in your expenses within the year after mple, do you expect to finish paying for your car loan within the year or do you expect ation to the terms of your mortgage? | | | e or decrease because of a |
| ■ No. | , , , | | | |
| ■ No. | | | | |

| Fill in this inform | nation to identify your | case: | | | | | |
|---------------------------------|--|--------------------------|----------------|---|-------------|--|---|
| Debtor 1 | Michael Gary Ve | rschave | | | | | |
| | First Name | Middle Name | La | st Name | —) | | |
| Debtor 2 (Spouse if, filing) | Allyson Ann Ver | schave Middle Name | | st Name | | | |
| (Spouse II, IIIIIIg) | i iist ivaille | Middle Name | La | Strianie | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINO | DIS, EASTERN DIVISION | | | |
| Case number | | | | | | | |
| (if known) | | | | | | ☐ Check if this is an | |
| | | | | | | amended filing | |
| | | | | | | | |
| Official Form | 106Doc | | | | | | |
| | - | | | | | | |
| Declarati | ion About a | an Individua | al Debt | :or's Schedu | iles | 12/15 | j |
| | | | | | | | |
| If two married peo | ople are filing together | , both are equally respo | onsible for su | upplying correct informa | tion. | | |
| obtaining money | | n connection with a ban | | | | nent, concealing property, or or imprisonment for up to 20 | |
| Sign | Below | | | | | | |
| Did you pay | or agree to pay some | one who is NOT an atto | rney to help | you fill out bankruptcy f | orms? | | |
| ■ No | | | | | | | |
| ☐ Yes. N | ame of person | | | | | kruptcy Petition Preparer's Notice, and Signature (Official Form 119) | |
| | y of perjury, I declare true and correct. | that I have read the sur | mmary and s | chedules filed with this d | leclaration | and | |
| X /s/ Mich | nael Gary Verschav | e | х | /s/ Allyson Ann Ver | schave | | |
| Michae | I Gary Verschave e of Debtor 1 | | | Allyson Ann Versch Signature of Debtor 2 | | | |
| 2.3.7444. | | | | - J | | | |

Date March 19, 2018

Date March 19, 2018

Certificate Number: 03088-ILN-CC-030682895



CERTIFICATE OF COUNSELING

I CERTIFY that on March 7, 2018, at 7:08 o'clock PM CST, Michael G VerSchave received from Debt Education and Certification Foundation, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: March 7, 2018 By: /s/David Nungesser

Title: Counselor

Name: David Nungesser

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 03088-ILN-CC-030682896



CERTIFICATE OF COUNSELING

I CERTIFY that on March 7, 2018, at 7:08 o'clock PM CST, Allyson A VerSchave received from Debt Education and Certification Foundation, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: March 7, 2018

By: /s/David Nungesser

Name: David Nungesser

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-07870 Doc 1 Filed 03/19/18 Entered 03/19/18 13:30:27 Desc Main Document Page 43 of 43

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re Verschave, Michael Gary & Verschave, Allys | | n Ann | Case No. | | |
|--|--|--------------------------------------|--------------------------------|--------------------------|---------------------|
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | ORNEY FOR I | DEBTOR | |
| 1. | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | of the petition in bankrupto | y, or agreed to be pa | id to me, for services r | at endered or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | |
| | Prior to the filing of this statement I have received | | \$ | 4,000.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compen firm. | sation with any other perso | n unless they are me | mbers and associates of | of my law |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | | law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to rend | ler legal service for all aspe | ects of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and renderingb. Preparation and filing of any petition, schedules, statementc. Representation of the debtor at the meeting of creditorsd. [Other provisions as needed] | nent of affairs and plan whi | ch may be required; | - | kruptcy; |
| 6. | By agreement with the debtor(s), the above-disclosed fee d | loes not include the followi | ng service: | | |
| | (| CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any a bankruptcy proceeding. | agreement or arrangement f | or payment to me for | representation of the | debtor(s) in |
| | March 19, 2018 | /s/ Mazyar M. He | dayat | | |
| Date | | Mazyar M. Heda | yat | | |
| | | Signature of Attorn M. Hedayat & As | | | |
| | | 1211 W Lakeviev | w Ct | | |
| | | Romeoville, IL 60446-6501 | | | |
| | | (630) 378-2200 mhedayat@mha | Fax: (630) 447-000 -law.com | 57 | |
| | | Name of law firm | | | _ |